

GLOBAL INFLUENZA STRATEGY 2019 – 2030

Prevent. Control. Prepare.



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ABBREVIATIONS & ACRONYMS

antimicrobial resistance
Food and Agriculture Organization of the United Nations
WHO Global Action Plan for Influenza Vaccines
WHO Global Influenza Surveillance and Response System
WHO General Programme of Work
high-income countries
High-Level Implementation Plan
International Health Regulations (2005)
influenza-like illness
Joint External Evaluation
low- and middle-income countries
national action plans for health security
noncommunicable disease
nonpharmaceutical intervention
national regulatory authority
World Organisation for Animal Health
Partnership Contribution
Pandemic Influenza Preparedness
WHO Strategic Advisory Group of Experts
Sustainable Development Goal
standard material transfer agreement
universal health coverage
WHO Health Emergencies Programme
World Health Organization

INTRODUCTION

Influenza is a viral respiratory disease of global importance; indeed, many experts believe that an influenza pandemic is the greatest threat to global public health.

In 2018, the world observed the centenary of the start of the 1918-1919 influenza pandemic. Its estimated toll of up to 50 million deaths (1,2) exceeded that of the First World War, resulting in a dramatic decline in life expectancy in many countries at the time of the pandemic. Its impact led to fundamental changes in public health and health care systems, including centralized and consolidated health care, greater recognition of the role of socioeconomics in health, and the coordination of public health at national and global levels. Since the 1918-1919 pandemic, there has been significant progress in medical science, including the development of influenza vaccines, antiviral drugs and better diagnostics. Subsequent pandemics occurred in 1957-1958, 1968-1969 and 2009-2010, resulting in 1-4 million, 1-4 million and 100 000-400 000 deaths, respectively (3). Pandemic (H1N1) 2009 caused significant deaths, particularly in those aged under 65 years; it also tested national health response systems (in particular, the pandemic vaccine response capacity) and exposed weaknesses in those systems. It reiterated that influenza viruses of both avian and swine origin can cause a pandemic, and it underscored the importance of intersectoral collaboration for pandemic preparedness. Although it is impossible to predict when the next pandemic might occur, its occurrence is considered

there are an estimated 1 billion cases of influenza, of which 3-5 million are severe cases and 290 000–650 000 lead to influenza-related respiratory deaths (4). Outbreaks of influenza highlight the burden and severity of annual epidemics on the global population and countries' health systems, as evidenced by seasonal epidemics that have significantly affected low- and middle-income countries (LMICs); for example, the 2002 outbreak in Madagascar had an estimated 2.5% case–fatality ratio (5) (for comparison, the 1918–1919 pandemic had an estimated 2–3% case–fatality ratio (6)). Seasonal epidemics also highlight the economic burden due to direct medical costs and indirect costs, such as loss of productivity due to work absenteeism.

Influenza viruses continually circulate in animals, and at times, these viruses gain the ability to spill over and infect humans. These viruses are novel to humans and have the potential to cause a pandemic. The first detection of the avian influenza A(H5N1) virus in humans in 1997, and its subsequent re-emergence in 2003, sparked concern that a new and virulent pandemic virus predecessor had emerged, which led to renewed interest in pandemic preparedness planning. Other avian influenza viruses, such as A(H5N6) and A(H9N2), have emerged and spread among

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